

# THE MEDICAL NEWS AND LIBRARY.



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## CONTENTS.

### CLINICAL LECTURES.

On Injuries of the Hand. A Clinical Lecture delivered at the Cincinnati Hospital. By P. S. Connor, M.D., Surgeon to the Hospital, Prof. of Anatomy and Clinical Surgery in the Medical College of Ohio, etc. . . . . . 65

### HOSPITAL NOTES AND GLEANINGS.

Case of Athetosis; Death from Phthisis; Post-mortem Examination . . . . . 69

### MEDICAL NEWS.

To Subscribers . . . . . 71  
Original Communications—Hematoma of the Vulva . . . . . 71  
Domestic Intelligence—National Board of Health . . . . . 72  
National Convention of 1880 for Revising the Pharmacopœia . . . . . 73

U. S. Marine Hospital Service	78
Graduates in Medicine in 1879	78
Professorship of Chemistry in the Philadelphia College of Pharmacy	78
Rush Medical College	78
Jefferson Medical College, Philadelphia	78
Meeting of State Medical Societies	78
Alabama State Medical Association	74
Prevention of the Spread of Contagious Diseases	74
Complimentary Dinner to Prof. Gross	74
Stevens Triennial Prize, 1882	74
Obituary Record	74
<i>Foreign Intelligence</i> —The Propagation of Syphilis by Toys	78
Dermatophony	78
Pyrogallic Acid as an Antiseptic	79
The Use of Forceps, and its Alternatives in Lingerer Labour	79
Death from Chloroform	79

CHARCOT ON DISEASES OF THE NERVOUS SYSTEM . . . . . 16 PAGES.

## CLINICAL LECTURES.

### ON INJURIES OF THE HAND.

*A Clinical Lecture Delivered at the Cincinnati Hospital.*

BY P. S. CONNER, M.D.

Surgeon to the Hospital, Prof. of Anatomy and Clinical Surgery in the Medical College of Ohio, etc.

GENTLEMEN: Some of you, perhaps, will remember the patient before us, who a few weeks ago was brought into the house with a compound comminuted fracture of the left hand, and will remember also that at that time I stated to the class that notwithstanding the extent of the injury to the soft parts, and the amount of crushing of the bones, inasmuch as the

palm was uninjured and the arterial arches un torn, the probabilities were that the hand could be saved, and a tolerably useful extremity secured.

The loose pieces of bone were, you will remember, picked out, the forearm and hand placed on a well-padded splint, and a plaster of Paris roller so applied as to make proper compression from the ends of the fingers to the elbow, except immediately over the area of laceration. On the twelfth day considerable redness and swelling were noticed on the antero-internal surface of the arm. The fixed dressing was removed, and the forearm and hand placed in a tin trough filled with hot water. By the use of this bath, which was kept up continuously for ten days, the inflammation of the forearm was greatly reduced, the pus discharging freely from

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VOL. XXXVII.—5

the original wound and an opening made above. The temperature but once during these days rose above  $99\frac{1}{2}$ ° F. Here I may remark in passing, that the hot water bath (to which Prof. Frank Hamilton has in the last few years so strongly called the attention of the profession) has proved in my hands a potent and most satisfactory means of controlling and arresting inflammations of the extremities. The water must be hot, not warm, and the apparatus had better be so arranged that a constant steady inflow and outflow shall be secured.

After removal from the bath, poultices were applied to the forearm and hand for twenty days; since which time the hand has been bandaged with a mosquito-netting roller.

The opportunity now afforded me of showing this case in its present condition, seems a favourable one for calling attention, somewhat in detail, to certain points with reference to the course and treatment of hand injuries; injuries that are very common, often apparently trivial yet productive of most disastrous consequences, and even when most severe justifying attempts to save. Some facts with reference to the anatomy of the hand ought never to be lost sight of. In the first place, the arterial supply is exceedingly abundant, and the anastomoses are very free. Again, one and the same synovial pouch is interposed between not only the two carpal rows, but also the several bones of these rows (for the pisiform should not be regarded as belonging to the carpus), and between three of the four bones of the second row and the four metacarpals that rest upon them. Again, the synovial sheaths of the flexor tendons of the thumb and of the little finger (which latter widens out very much in the palm of the hand) extend upwards above the wrist, and either directly communicate there or are separated by an easily-broken-down partition; while the corresponding sheaths of the flexor tendons of the other fingers near the metacarpo-phalangeal articulations are, by firm attachments of the fascia, cut off from the sub-fascial space. Again, the periosteum covering the terminal pha-

langes is not a closely-investing membrane, but cribellated on its palmar surface, through the interstices of which connecting fibres run from the bone below to the skin above, fastening the two together.

Now what influence has each of these anatomical peculiarities upon the effects of injuries. The abundant supply of blood is at once advantageous and disadvantageous. It enables us in very extensive injuries, as in the case just shown, to act conservatively with strong expectations, not to say almost certainty, of saving part and life. Portions of the hand that at first sight may be regarded as hopelessly damaged, will oftentimes, if let alone, prove themselves to be not only capable of living, but of much value in securing a satisfactory result. Very many, if not the majority, of surgeons at the present day, are much of the opinion, as lately expressed by Verneuil, that the knife should never be used in a recent wound of the hand; and even those who are in favour of immediate operation, unite in most strongly insisting that every part that can be saved, shall be saved. The rule here should be just the opposite of that in cases of strangulated hernia. In the latter, you know, "when in doubt, operate;" in the former, when in doubt, *don't operate*. Wait, and let Nature indicate just how much must be lost, be it of the soft parts or bone or both. The disadvantages arising from the character of the circulation in the hand, though much less numerous, are quite as positive. Either as consequent upon the original incision or laceration, or upon subsequent sloughing, one or the other of the palmar arches may be opened, and the hemorrhage is not only great, but oftentimes with great difficulty arrested, because of the very free communication between the radial, ulnar, and interosseous vessels. If you can readily get at the opening, you will, of course, obey the general law, "tie immediately above and below the point of injury," and my own belief is that in cases of primary hemorrhage from either arch, we should make considerable effort, and, if necessary, do considerable careful dissecting to get at the opening and apply the ligatures, and

by the use of the Esmarch bandage such dissection is made comparatively easy. If you cannot ligate, or do not think it best to make the effort to do so, then put on a graduated compress, flex the forearm on the arm, and bandage securely but not too firmly. As you can, each for himself, satisfy yourselves very quickly, putting the forearm in the position indicated will at once stop the radial pulsations. Be sure that your graduated compress is properly made and applied, for unless it is it might just as well, if not better, be dispensed with. Do not use the iron salt (sub-sulphate or perchloride). It prevents any primary union, and as usually applied does not stop the bleeding. Though this agent has its proper place, and is very useful in its proper place, its indiscriminate employment has done great harm, and I cannot but think that the world would have been better off had it never been introduced into the surgical pharmacopœia.

As a consequence of the peculiar arrangement of the carpal synovial membrane, you can readily understand how rapidly and extensively the carpus may be destroyed by any synovial inflammation lighted up by an injury to the part; for here, as in the tarsus, synovitis, periostitis, and osteitis may follow each other very closely. In the case before us, not only have numerous pieces of broken bone been removed, but at one dressing I took away the scaphoid, semilunar, and magnum, which had become entirely detached.

From our present standpoint, the most important of the anatomical conditions to which I called your attention, are the arrangement of the synovial tendinous sheath and the fibrous communication between the terminal phalanges and the skin of the pulp. In consequence of the latter, a prick of a needle or pin or knife-point, or, as is sometimes the case, a slight contusion, may light up an acute inflammation that will rapidly be carried down along the fibrous bands to the periosteum and the bone; in other words, a deep-seated whitlow (felon) will be the result. In these cases an early and free incision through the periosteum will not in all cases, indeed will not in many,

prevent destruction of the terminal phalanx. This is a fact worthy of remembrance, for oftentimes a surgeon is unjustly blamed for the unfortunate result of a case of felon; a very common notion being that if at an early period the periosteum is divided, the knife, as it is said, made to grate upon the bone, death of the phalanx will not take place. It will take place in a certain proportion of cases, no matter what is done nor how soon. But the recognition of this fact is no excuse for doing nothing. As soon as it is evident from the swelling and pain that the inflammation has attacked the deeper structures, make a free incision to the bone. If you must err at all, err here on the side of commission, rather than of omission. The operation, as perhaps some of you know, is an exceedingly painful one, though very soon over. It should never, therefore, be made upon an individual in the erect posture; and the incising should always be from behind forwards, so that if the hand is jerked away the movement will only facilitate the cutting. If the phalanx necroses, do not amputate, but simply remove the dead bone; and when recovery has taken place you will find that a very serviceable finger remains, particularly so if, as the result of patient waiting, the bone has been spontaneously loosened, for very often separation will take place at or near the epiphyseal line, and the phalangeal articulation will escape injury altogether.

When from the location of the original injury, or from what cause soever, the inflammation attacks the sheath of a flexor tendon, it is very apt to, indeed may be expected to, run up along this sheath. Where will the pus travel to? If it be the sheath of the thumb-tendon that is the seat of trouble, and prompt relief be not afforded, very soon you will find evidences of deep-seated inflammation just above the annular ligament, extending before long upwards on the anterior surface of the forearm, or downwards into the palm of the hand, or in both directions. If it be the little finger that is affected, a similar condition will be found to exist above the wrist, preceded by or associated with, in the majority of

cases, the development of an abscess in the palm. When it is either the index, middle, or ring finger, the flexor sheath of which is inflamed, there will be an arrestation of the disease for a time, greater or less according to circumstances, at or close to the metacarpo-phalangeal articulation. At the expiration of such time, if proper treatment has not been instituted, the barrier between the flexor sheath and the sub-fascial space will give way and a true palmar abscess rapidly form. Such an abscess, however developed, is a most serious affair. The local symptoms are violent, and the constitutional grave. The appearance of the hand is characteristic; the palmar surface convex instead of concave, the fingers flexed at their first joints, the dorsum thickened, oedematous, discoloured. Not infrequently a small sub-epidermal abscess will early show itself, and unless you are on your guard you may mistake this for the real trouble, and, after opening it and giving exit to perhaps only a little turbid serum, flatter yourself and your patient that the worst is over. Left to itself, or treated only with poultices or ordinary fomentations, the disease will not be arrested before irreparable damage has been done to the extremity. Ordinary fomentations, I say, for I am strongly inclined to think that by the use of the constant hot bath (as in the case I have to-day called your attention to), great good may be effected. But left to itself, or treated as mentioned, after a protracted period of great suffering, a spontaneous opening will take place, and then another and another; in the palm, above the wrist, on the dorsum, at the root of the thumb, on the inner border of the hand. The inflammation will run up along the connective-tissue planes, the muscular interspaces, to the elbow and beyond, even to the axilla. The carpal articulations may be opened and the bones destroyed. Twice I have had to amputate through the forearm on account of the complete tearing up of the hand in cases of neglected palmar abscess. The bones of the forearm may not escape; and dangerous secondary hemorrhage is not infrequently observed. If the patient's

life is saved and the hand preserved, recovery will take place only after weeks, yes, months, of confinement and suffering; if recovery it can be called, the hand thickened, the fingers permanently extended at the metacarpal articulations, and flexed at the phalangeal (the "griffed" hand, having claws, not fingers), the wrist-motions very greatly impaired, if not completely lost. I show you in this man, who has just been brought into the amphitheatre, these very conditions, the original abscess, months ago, having been consequent upon the removal of an enchondroma connected with the first phalanx of the thumb.

In the large majority of cases, though unfortunately not in all, prompt proper treatment will prevent the greater part of the mischief. What is the proper treatment. Early, persistent use of the knife; letting out the pus as soon as its presence is discovered, whenever and wherever it may be found; as it were, heading off the disease by tapping the sheath at the extreme limit of the morbid action. If one incision accomplishes the purpose, so well and so good; if not, cut again, and again, and again if necessary. In making these incisions in the palm of the hand, do not forget the normal position of the "arches," the extreme convexity of which may be expected to lie very little or nothing in advance of a line drawn directly across from the metacarpo-phalangeal articulation of the thumb to the ulnar border of the hand. In a certain proportion of cases (and I have frequently observed it in the dissecting-room), there is no true "superficial arch," but the vessel runs in a slight curve forwards and outwards to near the metacarpo-phalangeal articulation of the index finger. In such cases an incision made apparently in the area of safety, may give rise to troublesome hemorrhage. To avoid injuring the digital vessels and nerves, the cut should be made over a metacarpal bone, and the position of these bones can be readily determined, as you doubtless know, by spreading out the hand fan-wise, drawing lines from the ends of the fingers to the middle part of the wrist, to the interspace, say, between the thenar and hypo-

thenar eminences. When it becomes necessary to give exit to pus above the wrist, or in the forearm, remember that it lies deep, and that there is danger of injuring the median nerve, perhaps the interosseous artery. In these cases I would advise you to operate after the method described years ago by Mr. Hilton, of Guy's Hospital, cutting down to and through the deep fascia, and afterwards using the grooved director and forceps to find the pus and open up a channel for its escape. Though not a brilliant way, it is what is far better for you and your patient—a safe way of operating. Of course, during the whole duration of the case, whether it progresses well or ill, you will have regard to the general as well as the local condition, never losing sight of the fact that, in consequence of the suffering and the suppuration, the patient will progressively become more and more debilitated, and will require careful feeding, very likely stimulation. The best food, however, if I may be allowed the expression, the best tonic and anodyne, is the opening of the abscess and the discharge of the pus. Here, as is not so very seldom the case, "what remedies cannot cure, the knife will." Use it, therefore, quickly and safely; we cannot say pleasantly, even though it does bring relief.

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#### HOSPITAL NOTES AND GLEANINGS.

*Case of Athetosis; Death from Phthisis; Post-mortem Examination.*—H. B., a tall, thin, gaunt-looking man, a clerk, aged thirty-three, was admitted on January 26, 1877, into the Westminster Hospital, under the care of Dr. STURGIS, in an advanced stage of phthisis. He had for years been afflicted with athetosis. His family history was good, with the exception that one brother had died of consumption. When patient was about three years old he had whooping-cough, and soon after two fits. Respecting these fits he was able to give no definite information, except that they left him paralyzed on the left side. He gradually gained power in his limbs, but the improvement was slow, and when seven years old he

could do but little for himself, and was so helpless that he had to be drawn about in a cart. By the age of ten the paralysis had disappeared, and he could run and play about as well as other boys. The athetosis made its appearance soon after the fits, and gradually increased in severity as the patient regained power in his arm. On reflection he was inclined to think that the inco-ordinated movements had not changed much during twenty years, but if there had been any change it was for the better. He stated he had always been very regular and temperate in his habits. He never at any time had incontinence of urine or feces.

The movements referred to were confined to the left side, and almost exclusively to the upper extremity. They were continuous and involuntary. When the hand was extended with the palm downwards, the index and middle fingers were slowly and gradually flexed, the ungual phalanges being first bent, then the middle, and finally the proximal. The thumb was also adducted, and either closed over the first phalanx of the index finger, or passed under the index and middle fingers, so that the ungual phalanx protruded between the middle and ring fingers. The hand was then supinated, the fingers again extended and the thumb abducted. Pronation of the hand completed the cycle. This was the type of the movement, but it was subject to some variation, and there was at times great irregularity. When the fingers were flexed considerable force had to be exerted to extend them, but the forcible extension did not increase the subsequent involuntary movements. Patient had always to keep his nails short, or they would indent the palm of the hand. He was able by a great effort to partly control the movement, but his power in this respect was very slight. On requesting him to close his hand, the fingers being at the time extended, he was unable to do so, and the effort, although directed exclusively to the left hand, often resulted in the unconscious closure of the right. The only time the hand was really quiet was during sleep. The movements were ordinarily so constant and so little under

the control of the will that the patient was not able to use his left hand for any of the ordinary purposes of lifting; even his food had to be cut up for him. On testing his manipulative power, it was found that he was just able to lift a quill pen, but that he could not grasp a pin, even when the point was stuck in the table. The movements were perfectly painless, and produced no sense of fatigue. They were not increased by attention being directed to them, nor by any ordinary amount of voluntary muscular movement.

A few years ago patient was recommended to exercise the arm by occasionally lifting a twenty-eight pound weight, and this he found often temporarily intensified the movement. The movement was always increased by worry and trouble, or when he got "flurried" or "upset about anything." Sometimes he overslept himself in the morning, and had to hurry to his business, and this always made him worse. Pleasurable excitement was without any effect. Patient was a theatre-goer, and was fond of playing cards: but these amusements, he said, "never hurt the arm." Smoking kept the hand quiet; it seemed to "ease his mind" and to "soothe it." He was on this account a great smoker, and often on a Sunday afternoon smoked as much as an ounce of the best shag, with, he said, benefit. Tea and coffee in no way affected the movement. A warm bath quieted the movement as long as he remained in the water. He never took cold baths. There was no loss of sensation in either hand. Irritation of the palm with a feather increased the movement when the stimulus was applied to the affected hand, but had no effect when applied to the other. As already stated, the movements were almost exclusively confined to the left hand. Patient said that occasionally his left leg exhibited a somewhat similar condition. This was rarely observed, and only when he was thoroughly tired out with a long walk, and even then it seldom lasted more than half an hour.

The muscles on the posterior aspect of the forearm were much more wasted than those on the anterior aspect; the supina-

tor brevis could not be felt, but the supinator longus contracted well; the extensor ossis metacarpi pollicis and the extensor primi internodii pollicis were the only extensors which stood out prominently, and they evidently acted as flexors of the wrist; both the flexor and extensor carpi ulnaris adducted the hand, and both were to be felt, the former the better; the extensor secundi internodii retained considerable power of contraction; the extensors of the fingers acted very slightly; the extensor carpi radialis longior and the extensor carpi radialis brevis were not visible; on the flexor aspect the palmaris longus and the flexor carpi ulnaris and radialis acted well; there was very little use in the small muscles of the thumb, but the flexor longus pollicis acted well; there was voluntary power of pronation, due to the pronator quadratus, which was small, and to the pronator teres; the flexor sublimis and flexor profundus acted well; the interossei were much wasted. The urine was normal in appearance, free from deposit, sp. gr. always about 1020, no albumen, no sugar.

The phthisis gradually progressed, and patient died on March 19th, the immediate cause of death being diarrhoea and exhaustion.

*Necropsy, thirty-six hours after death.*—(Present: Dr. Sturges, Dr. Alchin, Dr. Gowers, and others.)—Rigor mortis marked; no post-mortem congestion; great emaciation and pallor of skin. Calvaria rather under than over normal thickness; no local thickenings; dura mater not more than ordinarily adherent; halves of skull symmetrical; dura mater of normal appearance externally; no grittiness of sinuses or vessels; large veins over posterior part of pia mater distended by partially coagulated blood; blood in vessels contained considerable quantity of air-bubbles; Paccionian bodies numerous along posterior part of longitudinal fissure, none in front; no undue thickening of meninges; from three to four drachms of clear serum escaped on removing dura mater. Brain: The whole right hemisphere distinctly smaller than the left, about three-quarters of an inch shorter; the two parietal lobes, viewed from above,

were nearly equal, but the frontal lobe on the right side was considerably narrower than on the left; the posterior half of the middle and inferior frontal convolutions, and to a slighter extent the superior frontal and ascending frontal, were distinctly smaller on the right side than on the left. There was a distinct difference also between the anterior portions of the frontal convolutions on the two sides, although this was slighter than in the posterior portions. The occipital convolutions on the two sides were nearly equal, but those of the parietal lobes were distinctly smaller on the right than on the left. There was a depression on the anterior portion of the temporo-sphenoidal lobe about one inch from before backwards, leaving about three-quarters of an inch of the apex unchanged. There was a deep depression extending backwards into the lobe, about three-quarters of an inch deep, and bounded by somewhat atrophied convolutions, on the surface of which some of the white substance of the brain appeared. No difference in size was to be observed between the two halves of the cerebellum; the orbital lobule, like the rest of the right hemisphere, was a little smaller than the left; the right anterior pyramid was very conspicuously smaller than the left. The arteries at the base appeared to be perfectly healthy. Further examination showed that the convolutions of the island of Reil were apparently normal, but there existed on the inner side a deep excavation between the anterior extremity of the perforated spot and the convolutions, extending backwards as far as the level of the corpora albicantia, and extending forwards between the convolutions of the island of Reil and operculum as far as the anterior surface of the hemisphere. Close to the anterior surface of the hemisphere the fissure was three-quarters of an inch deep, and its total length appeared to have been two inches and a half. The sides seemed to have been in apposition, except outside the perforated spot, where the cavity was about a quarter of an inch wide; and its roof was formed by radiating fibres spreading upwards from the pons —probably those of the external capsule.

On the inner edge of this fissure the outer root of the olfactory nerve was seen crossing backwards to the temporo-sphenoidal fissure. Ventricles opened: On examination almost the whole of the right corpus striatum appeared to be destroyed—at least that portion in front of the optic thalamus. The posterior portion of the nucleus caudatus outside the optic thalamus was unaffected. A small portion of the inner part of the corpus striatum near the middle also appeared intact, but the whole of the gray substance was destroyed, so that there was only a membranous septum separating the cavity of the ventricle from the deep fissure which has been described. This septum consisted of a double membrane, and in it were seen a number of strands of white fibres, apparently belonging to the internal capsule. The optic thalamus seemed to be quite healthy. No naked-eye change detected in the cord.—*Lancet*, March 15, 1879.

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## MEDICAL NEWS.

### TO SUBSCRIBERS.

In another column will be found an announcement of the death of the Senior Editor of the "American Journal of the Medical Sciences" and the "Medical News and Library," with a brief sketch of his long and useful career. To subscribers it only needs to be added that this event will make no change in the management of these periodicals. For some time they have virtually been under the charge of the Junior Editor, who, in the future discharge of his duties, will feel it to be his highest ambition to maintain the traditions which have rendered the JOURNAL a faithful exponent of the progress of scientific medicine.

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## ORIGINAL COMMUNICATIONS.

*Hæmatoma of the Vulva.*—By John W. Trader, M.D., of Sedalia, Mo.  
In reading Dr. J. Boronow's case of

Hæmatoma of the Vulva, in the April number of the *Monthly Abstract*, I was reminded of a peculiarly interesting case which came under my notice a few weeks ago.

February 14, 1879, I was called to see Mrs. C., who, it was said, had been suffering all night with a swelling in the groin. I visited the patient in the forenoon, expecting to find a strangulated hernia. Upon examination, however, a large bloody tumour occupied the left labial region, and extending from the lower margin of Poupart's ligament some two inches along the sheath of the femoral vessels, and completely filling up the inguinal space. The history of the case was this: Mrs. C. had given birth to a child some three or four months previous to this occurrence, and without any untoward circumstance. Health naturally delicate, but no hemorrhagic tendency. On the evening before being called in, she engaged in a little friendly tussle with her husband, and apparently "getting the best of him," started to run away, when he threw his foot out and struck her with the toe of the boot in the groin. I found the parts not only very painful, but perfectly livid, and a portion of the vulva gangrenous and friable. After making ready everything, I tore through this sphacelus of the vulva with the index finger, making an aperture into the tumour some two inches in extent and removing a large thrombus, measuring at least a quart. The hemorrhage was quite free and exhaustion imminent. I syringed the cavity well with solution of pernitrate of iron, but it was some time before the bleeding ceased. The dressing of carbolized oil was used, and a sponge compress applied and made secure by a T bandage. No further bleeding occurred and no sloughing beyond the margins of the rent. Under the supporting treatment the patient soon recovered.

#### DOMESTIC INTELLIGENCE.

*National Board of Health.*—In accordance with the provisions of the National Board of Health Act, the President has appointed the following as members: Drs.

S. M. Bemiss, of New Orleans, H. I. Bowditch, of Boston, Stephen Smith, of New York, H. A. Johnson, of Chicago, James L. Cabell, of University of Virginia, T. S. Verdi, of Washington, and R. W. Mitchell, of Memphis, who with Dr. Bailhache, of the Marine Hospital Service, Dr. Billings, of the War Department, Medical-Director Turner, of the Navy Department, and Solicitor-General Phillips, of the Department of Justice, detailed from the several departments, constitute the Board.

The Board met in Washington, and organized by electing Dr. Cabell, President, Dr. Billings, Vice-President, and Medical-Director Turner, Secretary. An Executive Committee was chosen, consisting of the officers above named and Dr. Smith, of New York, and Surgeon Bailhache.

The Board directed the Executive Committee to employ a commission of experts to make thorough investigations into the causes, conditions, and circumstances influencing the existence and spread of yellow fever in such foreign places as shall be indicated in specific instructions hereafter issued.

The Board will convene in special session at Atlanta, Ga., on Monday, the 5th of May next, and continue in session contemporaneously with the American Medical Association, which meets at the same place on the 6th of May.

The importance of an early interchange of views, and the absolute necessity for consultation with health officers, quarantine physicians, and sanitarians generally throughout the United States, has led the National Board of Health to hold this meeting at Atlanta, and to urge upon all persons interested in matters of sanitation, whether municipal, State, or National, to be present and counsel with the Board. It is earnestly hoped that not only every State, but that every municipality in the whole country will be represented, in order that a step may be taken towards securing a general system of health and quarantine regulations, and, by such a gathering of the prominent sanitarians of the United States, the interests of all sections may be promoted.

In accordance with the provisions of the act directing the National Academy of

Science to co-operate with the National Board of Health in maturing a plan for a National Public Health Organization, the National Academy of Science at its recent meeting in Washington appointed the following committee to confer with the National Board of Health: S. Weir Mitchell, M.D., Chairman; George Engelmann, J. Lawrence Smith, Francis A. Walker, J. J. Woodward, M.D., Geo. F. Barker, M.D., Ch. T. Chandler, Henry Draper, and Walcott Gibbs.

*National Convention of 1880 for Revising the Pharmacopœia.*—Dr. JAMES M. MORSEAN, the Assistant Secretary of the National Convention of 1870, has issued the following notice for the next National Convention:—

To the several incorporated State Medical Societies, the incorporated Medical Colleges, the incorporated Colleges of Physicians and Surgeons, and the incorporated Colleges of Pharmacy throughout the United States:

By virtue of authority devolved upon me as the last surviving officer of the Pharmacopœia Convention of 1870, I hereby call a General Convention to meet in Washington, D. C., on the first Wednesday in May, 1880, for the purpose of revising the Pharmacopœia of the United States.

For the information and guidance of all parties interested, I refer them to the rules adopted by the Convention of 1870 to be found on page 11 of the Pharmacopœia of the United States, and request their compliance with the spirit and intention of the said rules.

JAMES E. MORGAN, M.D.,  
No. 905 E St., N. W.,  
Washington, D. C.

The authority for this call is to be found in the 4th rule, which provides that "In the event of the death, resignation, or inability to act of the President of the Convention, these duties [among which are enumerated the issuing of the call for the next Convention] shall devolve upon the Vice-Presidents in succession; or, should the Vice-Presidents also be prevented from serving, upon the Secretary or As-

sistant Secretary, the latter acting in the event of the inability of the former."

*U. S. Marine Hospital Service.*—Surgeon J. B. HAMILTON, of Illinois, has been promoted to the position of Surgeon-General, vice Dr. J. M. Woodward, deceased.

*Graduates in Medicine in 1879* (continued from page 60):—

University of Nashville and Vanderbilt University	115
Columbus (Ohio) Medical College	51
University of Louisiana	32
Medical College of Indiana	66
Atlanta Medical College	35
Evansville Medical College	14

*Professorship of Chemistry in the Philadelphia College of Pharmacy.*—Prof. Robert Bridges, after a service of thirty-five years, has resigned the Chair of Chemistry in this school, and the vacancy thereby created has been filled by the election of S. P. Sadler, Professor of General and Analytical Chemistry in the University of Pennsylvania. During the past year Prof. Sadler has been lecturing very acceptably to the junior class at the College of Pharmacy.

*Rush Medical College.*—In addition to the professorship of gynaecology, the creation of which was announced in our last number, the trustees of Rush Medical College, Chicago, have also established a professorship of orthopaedic surgery and one of dermatology, and have filled the positions by the election of Dr. Jno. E. Owens to the former and of Dr. James Nevin Hyde to the latter.

*Jefferson Medical College, Philadelphia.*—At a meeting of the trustees of this school, held on the 8d of April, Dr. William S. Forbes, Surgeon to the Episcopal Hospital, was elected Demonstrator of Anatomy.

*Meeting of State Medical Societies.*—The Arkansas State Medical Association will meet at Little Rock on Wednesday, May 7th.

The Kentucky State Medical Society will meet at Danville on Tuesday, May 18th.

The Colorado Medical Society will meet at Colorado Springs on Tuesday, May 13th.

The Medical Society of the State of North Carolina will meet at Greensboro' on Tuesday, May 20th.

The Illinois State Medical Society will meet at Lincoln on Tuesday, May 20th.

The Medical Society of the State of Pennsylvania will meet at Chester on Wednesday, May 21st.

The Connecticut Medical Society will meet at Hartford on Wednesday, May 28th.

The Ohio State Medical Society will meet at Dayton on Tuesday, June 3d.

The Medical Society of the State of West Virginia will meet at Martinsburg on Wednesday, June 4th.

The Massachusetts Medical Society will meet at Boston on Wednesday, June 11th.

*Alabama State Medical Association.*—The thirty-second annual session was held at Selma, on the 8th-11th of April, Dr. R. D. Webb, of Livingston, President, in the chair. The following officers were elected for the ensuing year: President, Dr. E. P. Gaines, of Mobile; Vice-Presidents, Dr. Wm. H. Johnson, of Selma, Dr. John W. Sears, of Birmingham.

Dr. Jerome Cochrane, of Mobile, Senior Censor of the Association, was unanimously chosen by the Society as Health Officer of the State of Alabama, as authorized by legislative enactment, and holds his term of office for five years.

*Prevention of the Spread of Contagious Diseases.*—The Philadelphia Board of Health has ordered that hereafter when death has resulted from a contagious disease, the cause shall be mentioned in published death notice. That the public should avoid unnecessary attendance upon the funerals of those dead from contagious diseases. That among the diseases especially calling for this caution are scarlet fever, measles, whooping-cough, diphtheria, and smallpox or varioloid; and that, whenever possible, air-tight burial cases be used, and if such cannot be obtained the funeral be strictly private.

*Complimentary Dinner to Prof. Gross.*—On the 10th of April, the medical profession of Philadelphia tendered to Prof. S. D. Gross a complimentary dinner on the occasion of the fifty-first anniversary of his doctorate. In memory of the occasion Dr. Gross was decorated with a gold medal, set with diamonds, and bearing on its reverse this inscription: "Presented to Dr. S. D. Gross by his medical friends in commemoration of his fifty first year in the profession, April 10, 1879." A number of distinguished members of the profession from distant cities were present, the occasion passed off with great *éclat*, and Dr. Gross was the recipient of congratulations on every hand.

*Stevens Triennial Prize, 1882.*—This prize, established by Alexander H. Stevens, M.D., amounts to two hundred dollars. The subjects for the next prize are as follows:—

I. *Lesions of the brain, in connection with the two forms of diabetes.*

II. *Diphtheria, in its relations to membranous croup.*

According to the terms of the prize, the competing essays, on either of the above subjects, should give an account of our present knowledge, and also the results of personal investigation. They must be transmitted to the President of the College of Physicians and Surgeons, New York, on or before the first of January, 1882. Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope, bearing the same device or motto, and containing the name and address of the author. The envelope belonging to the successful essay will be opened, and the name of the author announced, at the Annual Commencement of the College in March, 1882. This prize is open for universal competition.

*OBITUARY RECORD.*—Died in Philadelphia, on the 12th of April, ISAAC HAYS, M.D., aged 83 years.

Dr. Hays was born in Philadelphia, July 5, 1796, was educated at the University of Pennsylvania, and graduated in the Department of Arts in 1816. He then

entered upon the study of medicine in the Medical Department as an office student of the late Prof. Nathaniel Chapman. He received instruction from the lectures of Professors Physick, Wistar, James, Coxe, Dorsey, Chapman, Hare, and Gibson, and graduated in medicine in 1820.

In February, 1827, Dr. Hays joined the editorial staff of the *Philadelphia Journal of the Medical and Physical Sciences*, which was started in 1820 by Prof. Chapman. In November, 1827, with a view to making the Journal more broadly representative and national in character, the co-operation of the leading medical minds in all parts of the country was secured, and the name of the "Philadelphia Journal" was changed to the **AMERICAN JOURNAL OF THE MEDICAL SCIENCES**: Dr. Hays became its sole editor, and for over half a century it remained under his control.

The increasing progress in the cultivation of the medical sciences gradually seemed to call for more space and more frequent communication with readers, and in 1843 the **MEDICAL NEWS** was commenced as a monthly in connection with the Journal. This sufficed for many years, until the increasing pressure of material led, in 1874, to the issue of another periodical—the **MONTHLY ABSTRACT OF MEDICAL SCIENCE**—under the same editorial supervision.

It can be truly said of Dr. Hays's editorship that it was his life's work. His estimate of the editorial functions was lofty; he felt deeply its responsibilities to science and to the profession, and his purpose was unwavering to discharge its duties without fear or favour. An enemy to charlatanism in all its myriad forms, his scrutiny was keen to detect it in every disguise, while his high sense of personal independence led him to unmask it without acceptance of persons, and to serve the best interests of the profession with all the fervor of conviction. His editorship to him was always a labour of love, and neither an onerous private practice nor his numerous other engagements could distract him from it. With advancing years however he sought relief from pressure which was beginning to overtax his strength, and in 1869 he associated with him his

son, Dr. I. Minis Hays. Though for the last few years increasing age forced him gradually to relinquish active participation in the editorial control of the Journal, he never ceased to look upon its career with pride, and to the last his interest in it was paternal and undiminished. The one hundred and three volumes of the Journal must stand as an enduring monument of his rare capacity as a journalist, and his unbroken fidelity to his own high standard of the profession of his choice.

From the beginning of his professional career Dr. Hays paid special attention to the diseases of the eye, a field which up to that time had been very little cultivated, and on the organization of the Wills [Ophthalmic] Hospital in February, 1834, he was elected a member of the Surgical Staff, a position which he retained until 1854, when the demands upon his time of private practice compelled him to tender his resignation.

Dr. Hays was earnestly interested in all that concerned the welfare of the profession, and was an active member of several of its societies. He was prominent in the organization of the American Medical Association, and of the Pennsylvania State Medical Society. He was the first Treasurer of the Association and Chairman of its Committee which framed and reported its Code of Ethics, which has since been adopted by every Medical Society in the Union, and is regarded abroad as a standard of professional conduct. On the organization, in 1870, of the Ophthalmological Society of Philadelphia, Dr. Hays was elected its first President.

In early life he became deeply interested in natural history: in 1818 he was elected a member of the Academy of Natural Sciences of Philadelphia, and in 1865 he was chosen its President, which position he retained until December, 1869, when advancing years compelled him to decline re-election. He was an honorary member of numerous societies, both at home and abroad.

In 1828, Dr. Hays edited an edition of Wilson's *American Ornithology*, 3 vols. 4to.; in 1831, he published a translation, made in connection with the late Dr. Robert Eglesfeld Griffith, of Broussais *On the*

*Phlegmasia*, 2 vols. 8vo.; in 1834, he edited the *American Cyclopaedia of Practical Medicine and Surgery*, 2 vols. 8vo., and was the author of a number of the articles contained in it; in 1846, he edited Hoblyn's *Dictionary of Medical Terms*; in 1848, Arnott's *Elements of Physics*; and in 1847, Lawrence's *Treatise on Diseases of the Eye*, with numerous additions, which passed through three editions. He contributed to the *Proceedings of the Academy of Natural Sciences*, and to the *Transactions of the American Philosophical Society*, and he was also the author of a number of articles published at various times in the *American Journal of the Medical Sciences*.

Of Dr. Hays's character, as this Journal was so intimately allied with him, we feel that it is not for it to speak.

At a special meeting of the College of Physicians, held April 15, to take action with reference to the death of Dr. Hays, the following resolutions were unanimously adopted:—

“Resolved, That the Fellows of the College deeply regret the death of their late able and distinguished associate, Dr. Isaac Hays.

“Resolved, That having in view the welfare of the College, he took throughout his fellowship a watchful and active part in its proceedings, and while health and vigour permitted was unusually constant in his attendance at its meetings.

“Resolved, That as a member of the Building and other committees, and by his general participation in its affairs, he rendered signal service to the College, contributing greatly to its prudent and conservative policy, and leaving upon all that he said or did the impress of his cautious and deliberative mind.

“Resolved, That he has largely contributed by his long and able editorship of the *American Journal of the Medical Sciences*, and by his other valuable works, to the creation and diffusion of a sound and healthful medical literature, and thus made himself, in an enviable degree, an instructor and benefactor of his profession.

“Resolved, That by his faithful services of twenty years in connection with Wills Hospital, and by his various publications

on ophthalmic surgery, he gave a wholesome impulse and direction to that department, and won for himself a distinguished place among the oculists of the country.

“Resolved, That the Fellows, appreciating his learning and his worth, and grateful for services cheerfully rendered during his long and pleasant association with them, will ever cherish a kind and affectionate regard for his memory.”

In moving the adoption of the resolutions, Dr. Samuel D. Gross made some remarks eulogistic of Dr. Hays, speaking of the *American Journal of the Medical Sciences*, of which he had been for so many years the editor, as a monument of his industry and learning, no word in which was unworthy of the highest conception of the functions of the editorial chair.

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Died at Philadelphia, on the 30th of March, aged 82 years, George B. Wood, M.D., President of the College of Physicians of Philadelphia and Emeritus Professor of the Principles and Practice of Medicine in the University of Pennsylvania.

Dr. Wood was born in Greenwich, Cumberland County, New Jersey, March 13th, 1797. He was educated at the University of Pennsylvania, where he graduated in 1815 with the degree of A.B., and in 1818 with the degree of M.D. He was Professor of Chemistry in the Philadelphia College of Pharmacy from 1822 to 1831, and Professor of Materia Medica in the same college from 1831 to 1835. On the 6th of November, 1835, he was elected to the Professorship of Materia Medica and Pharmacy in the University of Pennsylvania. In 1850, Dr. Chapman resigned the Professorship of Practice at the University, and Dr. Wood was transferred to it in May of the same year, and he held it until his resignation in 1860. In 1863 Dr. Wood was elected a Trustee of the University. He was Physician to the Pennsylvania Hospital from 1835 to 1859, President of the College of Physicians from 1848 to his death, and President of the American Philosophical Society from 1859 to the same time.

Dr. Wood was the author of several works which have taken rank among the classics of our literature. His first important work, the "Dispensatory of the United States," was written in conjunction with Franklin Bache, M.D., and the original edition was published in Philadelphia, in 1838 (8vo., 1073 pages). This work at once stamped him as a man whose research and knowledge of his profession were of the highest order. It went through thirteen editions, the last being in 1870.

In 1847 he published a "Treatise on the Practice of Medicine" (2 vols. 8vo.). It ran through six editions, the last being in 1867. He also published, in 1856, a "Treatise on Therapeutics and Pharmacology," or *Materia Medica*, which went through three editions, the last being issued in 1868 (2 vols. 8vo., pp. 1848).

In 1865, Dr. Wood endowed the Auxiliary Faculty of Medicine in the University of Pennsylvania, consisting of five chairs: respectively, Zoology and Comparative Anatomy, Botany, Geology and Mineralogy, Hygiene, and Medical Jurisprudence.

Although retired from active professional service for some sixteen years, the death of Dr. George B. Wood removes another of the long line of worthy names that have given this city its eminence among medical schools.

Dr. Wood left a large estate, and his will contains the following bequests:—

To the College of Physicians of Philadelphia his medical library, \$5000 absolutely, and \$10,000, the interest of which is to be expended for the uses of the library.

To the University of Pennsylvania his pathological cabinet; \$30,000 for the endowment of the Auxiliary Faculty of Medicine; his Botanical collection and \$5000 for the establishment and support of a Botanical Garden, and his residuary estate to the University of Pennsylvania, and \$75,000 for the endowment of the "Peter Hahn ward" in the University Hospital.

At a special meeting of the College of Physicians, held April 1st, the following action was taken in reference to the decease of Dr. Wood:

The Fellows, assembled at the call of

the College on the occasion of the decease of their late President, Dr. George B. Wood, respectfully offer to the memory of that excellent, venerated, and distinguished man the homage of their profound sorrow and regret.

*Resolved*, That in his death they mourn not only their own loss, but that also of the community in which he lived, the country to which he belonged, and the profession which he adorned; for his fame, his virtues, and his services, extensive with all, were the common property of all, and shed a lustre upon the American name and character.

*Resolved*, That by this sad event they lose a Christian gentleman, refined, courteous and sincere, kind, benevolent, and considerate; one, who though not unconscious of high achievement and desert, was yet modest and unassuming in disposition and demeanour; of elevated walk and noble aspirations; and upright, honourable, and consistent in all his conduct during a long life closed amid universal sympathy and regret.

*Resolved*, That assuming from the beginning of his career a prominent rank as a teacher of medicine, he greatly improved upon the existing modes of instruction by introducing in the institution, when natural objects were unattainable, the system of pictorial representation; and by his exactness, order, and exhaustive treatment of every topic fixed the attention and enlightened the minds of the students, while by his pure moral principle, exemplary life, and blameless deportment, he imbued them with his own deep sense of the dignity of man, and the honour, usefulness, and responsibility of their profession.

*Resolved*, That the literary world is deprived, by his death, of a scholar of rare and varied attainments; well read not only in medicine and its collateral sciences, but who was also thoroughly versed in many departments of polite and general literature; to several of which he made interesting and valuable contributions.

*Resolved*, That he was not only a memorable example of high moral worth and refinement, but also of patient, persevering, and well-directed industry. His men-

tal characteristic was not genius properly so-called; but he possessed capacity of a high order, and had a methodical and mechanical mind, a striking feature of which was its strong, masculine common sense. With this was united the greatest, perhaps, of all talents, steady and unwearyed application. It is no doubt true that the man is yet unborn who duly weighs an hour, but Dr. Wood made a much nearer approach to that estimate than is done by most others; diligently improving the fleeting moment, "having wisdom with each studious year;" and always seeking to benefit mankind by lessening the sum of human suffering, and increasing the resources and extent of professional skill. It was a rule of his life, not only to be always busily employed, but to be always usefully so.

*Resolved*, That these and many other attributes of person, heart, and mind made him emphatically a representative man—one to whom all willingly accorded primacy of merit and position, with fullest confidence in his rectitude, wisdom, knowledge, zeal, and ability. He was an able, ready, dignified, and impartial presiding officer, both of the College and other bodies; a skilful and sagacious physician; a learned professor; an eloquent and instructive lecturer; an eminent author, whose works have contributed greatly to the advancement of medical science; a munificent patron of the profession which he loved; a wise and prudent counsellor; and, withal, a warm and unwavering friend. Seldom has there been found in one person such an assemblage of qualities, fitting their possessor to be a leader of men, and causing him to be regarded *ante alios omnes præstantissimus*.

#### FOREIGN INTELLIGENCE.

*The Propagation of Syphilis by Toys.*—M. GALIPPE has published in the *Journal des Connaissances Médicales*, for January 30th, some remarks on the propagation of syphilis through the various trampets, whistles, and other toys, sold in the streets by itinerant hawkers, who not only allow every purchaser to try them, but also, if the latter fail to perceive their peculiar properties, perform on them

themselves and hand them to the customers without wiping them. In this way (especially about Christmas), hundreds of people, both adults and children, try one instrument after another, laying each down without wiping it. It is easy to see how rapidly the infection may be spread in this way, attacking healthy persons. Some of these toys, especially little balloons which are inflated by blowing into them and which in allowing the air to escape produce some sound, pass through the mouths of three or four workmen before they are sold to the public. The author therefore advises parents never to let their children have any toys which have not been thoroughly cleaned.—*British Med. Journal*, Feb. 22, 1879.

*Dermatophony*.—The introduction of the microphone for the purposes of surgical diagnosis by Sir H. Thompson, and in Germany by Professor Maas, has led Professor HUETER, of Greifswald, to try whether it would not be possible by its means to detect certain sounds, whose existence may be *a priori* asserted, but which are inaudible by ordinary means. In the *Centralblatt Med. Wiss.*, Nos. 51, 52, 1878, he has proved that we can not only hear the rush of blood through the capillaries of the skin (dermatophony), but also the sounds of muscular contraction (myophony), of tendinous extension (tendophony), and of the vibration of the long bones when percussed (osteophony). Of these the first application is the most curious and interesting. Hueter had observed, without the aid of the microphone, that if he pressed the tip of one of his fingers firmly into the external auditory meatus of his ear he heard a peculiar humming sound (*Bransen*), which was absent if a simple plug of wool or cork was used instead of the finger. With Edison's microphone, provided with a horizontal plate, he detected the same "murmur" on placing the finger-ends on the wooden disk of the instrument, and he was able to convince himself that it was not due to the friction of the fingers on the disk, the sound produced in this way being of altogether a different quality. The final proof that the murmur was really of haemic origin, and dependent on

the flow of blood through the vessels of the skin, was afforded by applying Es-march's elastic band to the finger, and examining the bloodless part with the microphone. With the exclusion of the blood the murmur ceased.

As the microphone is not easy to apply to the skin of the body generally, and as, wherever the blood circulates, similar murmurs probably exist, Professor Huetter invented a special instrument or dermatophone, consisting of a flexible stethoscope with a thin caoutchouc membrane stretched over the end applied to the skin, and a perforated horn plug to fit the ear and close the meatus as completely as possible. With this instrument, which is supplied for half-a-crown by Weinberg, of Fischstrasse, Greifswald, Huetter has proved that the capillary murmur is most clearly heard where the circulation is most vigorous—namely, on the cheeks and at the finger-tips. In acute inflammation of the skin with marked inflammatory hyperemia the murmur is louder, but deeper in tone than in the normal state. In venous stasis—*e. g.*, in the neighbourhood of ulcers of the leg—it is weak, and over extensive scars it is entirely absent.

The "tone of muscular contraction" is heard by pressing the dermatophone firmly on the overlying skin. It is deeper and duller than that caused by the tension of its tendon when the muscle contracts.

The percussion of a long bone—for example the ulna, using for this purpose a small hammer with a whalebone handle, and placing the dermatophone on the smooth surface of the olecranon—gives a series of tones which vary as the bone is percussed from below upwards. These tones appear to depend on vibrations of the thin cortical lamellæ, and of the osseous bundles of the spongy portion. Professor Huetter promises soon to enter into the practical value of these methods of examination, in an article in the *Deutsche Zeitschrift für Chirurgie*.—*Med. Times and Gaz.*, Feb. 25, 1879.

*Pyrogallic Acid as an Antiseptic.*—In a recent number of the *Lyon Medical*, Dr. Bovet, of Neuchâtel, calls attention to the antiseptic properties of pyrogallic

acid. According to Pasteur, the presence of oxygen is necessary for the development of bacterium and monas; when the supply fails they die and are replaced by vibrios. In short, organized ferments require oxygen, which they obtain either from the air or from water. Dr. Bovet has thought that possibly substances which absorb oxygen might have antiseptic properties; in other words, that substances having an avidity for oxygen might, as it were, asphyxiate the organisms. Pyrogallic acid (or pyrogallol) has a great avidity for oxygen; a weak solution injected into the blood, according to Personne, causes death, probably by de-oxidizing the blood. Dr. Bovet has used in his experiments portions of the pancreas of the ox and solutions of pyrogallic acid in pure water; and has arrived at the following results from a large number of observations: 1. A solution of 1 or 2 per cent. prevents for some months the development of odour and of microscopic organisms. 2. A solution of  $2\frac{1}{2}$  per cent. removes the odour from fluids in a state of putrefaction, and destroys the bacteria. 3. A solution of 3 per cent. renders motionless and kills all the elements of the *bacillus subtilis*. 4. Pyrogallic acid prevents alcoholic fermentation and the formation of mould. 5. A 2 per cent. solution may be applied locally to man without injury, and is a very good disinfectant. The acid, however, blackens steel instruments, and these stain the hands; the stains, however, may be removed by oxalic acid, and the instruments may be cleaned by washing them in a concentrated solution of soda.—*British Med. Journal*, Feb. 22, 1879.

*The Use of Forceps, and its Alternatives in Lignering Labour.*—The Council of the Obstetrical Society of London have made arrangements for holding a discussion on this subject. The debate will be opened by Dr. Barnes at the meeting of the Society to be held on the 7th of May.

*Death from Chloroform.*—A case of this is reported in the *British Medical Journal* for March 29th. The deceased had inflammation of the lungs.

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Women which has yet been published. Its great merit consists in this—coming as it does from a thoroughly honest, competent, and able specialist, who became a specialist only after an excellent training and experience as a general hospital physician and surgeon. The book is not one to be hastily glanced over, but will secure the critical study of Gynaecologists. Not only its style, which is individual and somewhat peculiar, but the new facts which it brings out, its original suggestions, its numerous and important statistical tables, and, in some instances, its unexpected deductions, will compel attention, and will form the basis for a great deal of Gynaecological study and literature in the future. All who make themselves familiar with the contents of this volume, will feel assured that Dr. Emmet has well earned and well deserved the reputation which he has already won, as one of the great Gynaecologists of the present age.—*The Am. Journ. of Obstetrics*, April, 1879.

### HABERSHON ON THE ABDOMEN.

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author. Several new chapters have been added, bringing the work fully up to the times, and making it a volume of interest to the practitioner in every field of medicine and surgery. Perverted nutrition is in some form associated with all diseases we have to combat, and we need all the light that can be obtained on a subject so broad and general. Dr. Habershon's work is one that every practitioner should read and study for himself.—*N. Y. Med. Journ.*, April, 1879.

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